

Approved by:

Date:

DRIVER EDUCATION PROVIDER – CHANGE OF PARTNER, OFFICER, DIRECTOR, DESIGNATED REPRESENTATIVE OR COORDINATOR

1. PROVIDER INFORMATION

Provider Name (fill in exactly as it appears on wall certificate)	Certificate Number
Street Address	City, State, Zip

2. BUSINESS TYPE (If new business type is being reported, submit copies of business documents – assumed name filing, partnership agreement, Articles of Incorporation, or Articles of Organization)

☐ Partnership

(two or more persons or husband/wife)

☐ Corporation

☐ LLC

☐ Educational Institution

☐ Governmental Agency

3. DESIGNATED REPRESENTATIVE / COORDINATOR INFORMATION (If new designated representative or coordinator, please complete this section. New designated representatives / coordinators must contact Identix to be fingerprinted.)

Full Name	Driver License Number	Date of Birth	SSN
Street Address	City, State, Zip	Home Phone ()	

4. PARTNER, OFFICER, DIRECTOR INFORMATION (Type or print information for ALL persons, both new and continuing. If new, check the box. All new persons listed are considered new applicants and must contact Identix to be fingerprinted. This section does not apply to educational institutions or governmental agencies.)

Full Name <input type="checkbox"/> New	Driver License Number	Date of Birth	SSN
Street Address	City, State, Zip	Home Phone ()	
Full Name <input type="checkbox"/> New	Driver License Number	Date of Birth	SSN
Street Address	City, State, Zip	Home Phone ()	
Full Name <input type="checkbox"/> New	Driver License Number	Date of Birth	SSN
Street Address	City, State, Zip	Home Phone ()	

Is anyone listed in Item 4 an out-of-state resident?

☐ Yes

☐ No

If YES, is the driver education provider certified in the state of residence?

☐ Yes

☐ No

If YES, submit a copy of the provider certificate (license) issued by the state of residence.

Mail form and supporting documentation to:

Michigan Department of State
Licensing Unit
Lansing, MI 48918

5. PERSONAL HISTORY: PARTNER, OFFICER, DIRECTOR, DESIGNATED REPRESENTATIVE / COORDINATOR

- a. Have any of the individuals listed in Items 3 and 4 been refused the issuance of a provider or instructor certificate (license), or had a provider or instructor certificate (license) revoked or suspended in Michigan or any other state?
☐ Yes ☐ No If **YES**, give the name(s) of the individual(s) involved and complete details on a separate sheet.
-
- b. Have any of the individuals listed in Items 3 and 4 ever been arrested or convicted of a crime?
☐ Yes ☐ No If **YES**, give the name(s) of the individual(s) involved and complete details on a separate sheet. Include the arresting police agency, court of jurisdiction, conviction (if applicable), date of conviction, and case number (if known).
-
- c. For individuals listed in Items 3 and 4, provide names, addresses, and telephone numbers of employers for the **past two years**. Include the job title and dates of employment for each individual. If self-employed, list name and address of each business and type of business. If unemployed, list individual's name, write UNEMPLOYED in the Employer Name, and list the dates of unemployment. Use a separate sheet, if necessary.

Full Name	Employer Name	
Employer Address		Employer Phone ()
Job Title	Dates Employed From: To:	
Full Name	Employer Name	
Employer Address		Employer Phone ()
Job Title	Dates Employed From: To:	
Full Name	Employer Name	
Employer Address		Employer Phone ()
Job Title	Dates Employed From: To:	

6. SIGNATURES AND CERTIFICATIONS (each individual listed in Items 3 and 4 must sign below)

Educational Institutions: Superintendent or administrator must sign.

Governmental Agencies: Authorized official must sign.

Any misleading, incomplete, or false statement may be grounds for denial of this application, or suspension or revocation of the certificate issued.

- I/we hereby grant the licensing authority in any state or jurisdiction listed in this application authority to release information concerning any previous certificate (license) applications, certificate (license) history, and disciplinary actions or sanctions to the Department of State.
- I/we hereby grant any employers named in this application authority to release information concerning my/our employment history to the Department of State.
- I/we hereby certify that the business named in this application maintains, and will maintain records as required by law once a certificate is issued.
- I/we stipulate and agree that any legal process affecting this business served on the Department of State shall have the same effect as if personally served on me/us. I/we agree that this appointment shall remain in force as long as I/we have any outstanding liability within this state by the authority of 2006 PA 384.
- I/we hereby certify that the persons named in this application are not acting as the alter ego, in the place of, or on behalf of, any other person or persons in seeking this certificate.
- I/we hereby certify that individuals listed in Items 3 and 4 do not have a pending criminal matter or an outstanding arrest, warrant, or conviction since submitting a request for a criminal history check.
- I/we authorize the Department of State to receive and review the criminal history of the individuals listed in Items 3 and 4 obtained from the Michigan State Police and the FBI.
- I/we, the applicants named herein, hereby certify that the statements contained in this application are true to the best of my/our knowledge and belief.

Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date